

DECLARATION FOR USA PATENT APPLICATION

(including Design and National Stage PCT)

Attorney's Docket ID: XX/P06335US2

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below adjacent to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention

entitled: **POLYPEPTIDES AND POLYNUCLEOTIDES FROM COAGULASE-NEGATIVE STAPHYLOCOCCI**

the specification of which:

is attached hereto

(or)

was filed on August 31, 1999, and was filed as U.S. Application No. 09/386,962

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, where priority is not claimed, any foreign application for patent or inventor's certificate, or any PCT International application, having a filing date before that of the application on which priority is claimed. (☐ ADDITIONAL APPLICATIONS IDENTIFIED ON ATTACHED SHEET)

Prior Foreign Application No.

Country

Day/Month/Year Filed

Priority Not Claimed

I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s), or 365(c) of any PCT application designating the U.S., listed below; and insofar as the subject matter of each claim of this application is not disclosed in the prior U.S. or PCT application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT filing date of this application. (☐ ADDITIONAL APPLICATIONS IDENTIFIED ON ATTACHED SHEET)

U.S. or PCT Parent Application No.

Parent Filing Date (Day/Month/Year)

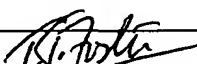
Parent Patent No. (if applicable)

As a named inventor, I hereby appoint the registered practitioners of LARSON & TAYLOR associated with Customer Number 000881 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to that Customer Number.

Direct all telephone calls to B. Aaron Schulman,

at TEL (703) 739-4900 (Fax: 703-739-9577) e-mail: bschulman@larsontaylor.com

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1000 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST INVENTOR		Citizenship	Ireland
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Residence - City, State/Country (if different from PO address)			
SIGN AND DATE HERE Inventor's Signature		Date	

LARSON & TAYLOR • 1199 North Fairfax Street • Suite 900 • Alexandria Virginia 22314

11/98

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ADDITIONAL INFORMATION SHEET (use as required)

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States PROVISIONAL application(s) listed below.

U.S. Provisional Application No.
60/117,119
60/098,443

Parent Filing Date (Day/Month/Year)
25 January 1999
31 August 1998

Additional Prior Foreign Application(s):

Prior Foreign Application No.

Country

Day/Month/Year Filed

Priority Not Claimed

Additional 35 U.S.C. § 120 application(s):

U.S. or PCT Parent Application No.

Parent Filing Date (Day/Month/Year)

Parent Patent No. (if applicable)

Additional Joint Inventor(s):

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SIGN AND DATE HERE Inventor's Signature <u>Deirdre ni Eadhain</u>		Date <u>28 - OCT - 1999</u>
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Full Post Office Address Lunderstown, Duleek, Co. Meath, IRELAND		Family Name or Surname HARTFORD
Residence - City, State/Country (if different from PO address)		
SIGN AND DATE HERE Inventor's Signature <u>Orla Hartford</u>		Date <u>27/10/99</u>
SEVENTH JOINT INVENTOR (if any)		Citizenship
Given Name (first and middle [if any])		Family Name or Surname
Full Post Office Address		
Residence - City, State/Country (if different from PO address)		
SIGN AND DATE HERE Inventor's Signature		Date
EIGHTH JOINT INVENTOR (if any)		Citizenship
Given Name (first and middle [if any])		Family Name or Surname
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Parent Filing Date (Day/Month/Year)

Parent Patent No. (If applicable)

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at TEL (703) 739-4900 (Fax: 703-739-9577) e-mail: bbschulman@larsonstaylor.com

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SOLE OR FIRST INVENTOR		Citizenship	Ireland
Given Name (first and middle (if any)) Timothy J.		Family Name or Surname	FOSTER
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Given Name (first and middle (if any)) Kirk		Family Name or Surname	McCREA
Full Post Office Address 7600 Kirby Drive #1504, Houston, Texas, USA 77030			
Residence - City, State/Country (if different from PO address)			
SIGN AND DATE HERE Inventor's Signature <i>Kirk P. McCreA</i>		Date 11/1/99	
THIRD JOINT INVENTOR (if any)		Citizenship	Sweden
Given Name (first and middle (if any)) Magnus A.O.		Family Name or Surname	HOOK
Full Post Office Address 4235 Oberlin Street, Houston, Texas, USA 77005			
Residence - City, State/Country (if different from PO address)			
SIGN AND DATE HERE Inventor's Signature <i>Magnus Hook</i>		Date 10/30/99	
FOURTH JOINT INVENTOR (if any)		Citizenship	USA
Given Name (first and middle (if any)) Stacy STACEY		Family Name or Surname	DAVIS
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Residence - City, State/Country (if different from PO address)			
SIGN AND DATE HERE Inventor's Signature <i>Stacey L. Davis</i>		Date 11/1/99	

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Country

Day/Month/Year Filed

Priority Not Claimed

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U.S. or PCT Parent Application No.

Parent Filing Date (Day/Month/Year)

Parent Patent No. (if applicable)

Additional Joint Inventor(s):

FIFTH JOINT INVENTOR (if any)	Citizenship Ireland
Given Name (first and middle [if any]) Deirdre	Family Name or Surname NI EIDHIN
Full Post Office Address 15 Watkins Building, The Coombe, Dublin 8, IRELAND	
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